

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Felarca Care Home, LLC	CHAPTER 100.1
Address: 4679 Likini Street, Honolulu, Hawaii 96818	Inspection Date: July 9, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1- No documentation that physician was notified of resident's behavior of nail biting as noted by RN case manager on the June 2019 monthly visit.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On August 31st, 2019, saw physician Terry K. Shimamoto of Neurology Associates, an attending physician for my residents. Presented a letter of intent to use a sock/mitten to prevent a self inflicted injury by my resident. Physician reviewed letter which was signed by myself and family members including DPOA, Durable power of Attorney, of resident. All parties agreed the use of mitten/glove when needed in order to prevent further self injury. Signed letter from physician is available for review upon request and is kept in resident file.</p> <p>Residents bi-monthly progress notes will indicate the use the device and effectiveness of device should it be needed.</p>	<p>9/5/2019</p> <p><i>[Signature]</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDING</u> Resident #1- Whiteout was used on physician's record dated 12/10/18 and on multiple progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Daniel Felarca

Print Name: Daniel Felarca

Date: 7/23/2019

Licensee's/Administrator's Signature: Daniel V. Felarca

Print Name: Daniel V Felarca

Date: 9/5/2019